

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1536

1. PLACE OF DEATH
51 County Johnson Registration District No. H 79
4 Township Washington Primary Registration District No. H 75-5
3 City Knob Noster, Mo. St. _____ Ward _____

2. FULL NAME Riley Thomas Henderson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10-1880

7. AGE YEARS 51 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. years ago saw mill

10. Date deceased last worked at this occupation (month and year) 10 yrs 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Riley Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ralph Henderson

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem K.N. Mo DATE Jan 8 1932

19. UNDERTAKER (ADDRESS) C L Sauls

20. FILED Jan 7 1932 J. H. Koch Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Jan 6, 1932
I last saw him alive on Jan 6, 1932. Death is said to have occurred on the date stated above, at 9:40 a. m.
The principal cause of death and related causes of importance were as follows:
Interstitial Ne-
phritis (chronic)
131 / 31
162
Other contributory causes of importance:
Semileth

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. E. Porter, M. D.
(Address) Knob Noster, Mo.

